

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

259

CERTIFICATE OF DEATH

REGISTRAR'S NO. 31

BIRTH NO. 2798

7-27 CE OF DEATH 4 AND 24 AL RESIDENCE X-	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN <u>life</u> IN ARIZONA <u>life</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
	C. CITY OR TOWN <u>Mesa</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Mesa</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
DECEDENT PERSONAL DATA 211 0 154	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>245 West 9th Pl. So.</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>245 West 9th Pl. So.</u>	
	3. NAME OF DECEASED (TYPE OR PRINT) <u>Louise</u>		A. (FIRST) <u>Louise</u> B. (MIDDLE) <u>----</u> C. (LAST) <u>Morris</u>		4. SEX <u>Fe</u>	5. COLOR OR RACE <u>white</u>
CAUSE OF DEATH ITEM 18)	6B. NAME OF SPOUSE <u>----</u>		7. DATE OF BIRTH MONTH <u>2</u> DAY <u>21</u> YEAR <u>53</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>--</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>None</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Child</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>
ERATIONS, AUTOPSY	14A. FATHER'S NAME <u>Carrol Duke Morris</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		15A. MOTHER'S MAIDEN NAME <u>Olive Green</u>	
	16. INFORMANT'S SIGNATURE <u>Duke Morris (Father)</u>		ADDRESS <u>Mesa, Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Jan. 27, 1954</u>	
DEATH DUE TO EXTERNAL VIOLENCE	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>34400</u> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <u>Laryngeal edema</u> DUE TO (B) <u>inflammatory laryngitis</u> DUE TO (C) <u>H. influenza or virus</u> 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
	19A. DATE OF OPERATION <u>27 Jan 54.</u>		19B. MAJOR FINDINGS OF OPERATION <u>Laryngeal edema & infiltration with lymphocytes.</u>			
MEDICAL OR CORONER'S CERTIFICATION	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <u>----</u>		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>----</u>		21C. (CITY OR TOWN) (COUNTY) (STATE) <u>----</u>	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>----</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>----</u>	
FUNERAL DIRECTOR AND REGISTRAR	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Feb 21, 1953</u> , TO <u>Apr 24, 1953</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Apr 24, 1953</u> , AND THAT DEATH OCCURRED AT <u>9 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) <u>Dred E. Ewart M.D.</u>			
	23B. ADDRESS <u>24 N. Hibbert St., Mesa, Ariz.</u>		23C. DATE SIGNED <u>1 Feb 54</u>			
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>1-29-54</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mesa City Cemetery</u>	
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Mesa, Ariz.</u>		25A. DATE REC'D BY LOCAL REG. <u>1/27/54</u>		25B. REGISTRAR'S SIGNATURE <u>Donald J Meldrum</u> Donald J Meldrum, Dep.	
26. FUNERAL DIRECTOR'S SIGNATURE <u>Meldrum Mortuary</u>		ADDRESS <u>Mesa, Ariz.</u>		27. EMBALMER'S SIGNATURE <u>Donald J Meldrum</u>		CERT. NO. <u>345</u>